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Bib Data Sheet

CONFIRMATION NO. 6251

|  |   |   |   |   |                                 |
|--|---|---|---|---|---------------------------------|
| <b>SERIAL NUMBER</b><br>10/042,253   | <b>FILING OR 371(c) DATE</b><br>01/11/2002<br><b>RULE</b>   | <b>CLASS</b><br>709                       | <b>GROUP ART UNIT</b><br>2141   | <b>ATTORNEY DOCKET NO.</b><br>03500.016100. |                                 |
| <b>APPLICANTS</b><br>Shin Muto, Kanagawa, JAPAN;   |   |   |   |   |                                 |
| ** CONTINUING DATA *****   |   |   |   |   |                                 |
| ** FOREIGN APPLICATIONS *****<br>JAPAN 009470/2001(PAT.) 01/17/2001<br>JAPAN 009473/2001(PAT.) 01/17/2001                                |   |   |   |   |                                 |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 02/14/2002  |   |   |   |   |                                 |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no  |   | <b>STATE OR COUNTRY</b><br>JAPAN          | <b>SHEETS DRAWING</b><br>17   | <b>TOTAL CLAIMS</b><br>45                   | <b>INDEPENDENT CLAIMS</b><br>12 |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br>Allowance |   |   |   |   |                                 |
| Verified and Acknowledged  |   | Examiner's Signature _____ Initials _____ |   |   |                                 |
| <b>ADDRESS</b><br>5514   |   |   |   |   |                                 |
| <b>TITLE</b><br>STATUS NOTIFICATION OF MONITORED DEVICES THROUGH ELECTRONIC MAIL   |   |   |   |   |                                 |
| <b>FILING FEE RECEIVED</b><br>2076   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                 |

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